## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

47225/DMC/V165

| CLAIMS AS FILED - PART I<br>(Column 1)                                                |                                         |                                                                                                                                                                                                                                                                                                                    |              |                      |                                   | (Column 2)       |   | SMALL ENTITY TYPE                       |                        | OR | OTHER THAN<br>OR SMALL ENTITY |                        |  |  |
|---------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------|-----------------------------------|------------------|---|-----------------------------------------|------------------------|----|-------------------------------|------------------------|--|--|
| TOTAL CLAIMS                                                                          |                                         |                                                                                                                                                                                                                                                                                                                    | 21           |                      |                                   |                  | - | RATE                                    | FEE                    | [  | RATE                          | FEE                    |  |  |
| FOR                                                                                   |                                         |                                                                                                                                                                                                                                                                                                                    | NUMBER FI    | NUMBER FILED         |                                   | NUMBER EXTRA     |   | BASIC FEE                               | 370.00                 | OR | BASIC FEE                     | 740.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS                                                               |                                         |                                                                                                                                                                                                                                                                                                                    | 2/ minus 20= |                      | * /                               |                  |   | X\$ 9=                                  |                        | OR | X\$18=                        | 18                     |  |  |
| INDEPENDENT CLAIMS                                                                    |                                         |                                                                                                                                                                                                                                                                                                                    | () min       | minus 3 =            |                                   | * 3              |   | X42=                                    |                        | OR | X84=                          | 252                    |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                         |                                                                                                                                                                                                                                                                                                                    |              |                      |                                   |                  |   | +140=                                   |                        | OR | +280=                         |                        |  |  |
| * If the difference in column 1 is less than zero, ente                               |                                         |                                                                                                                                                                                                                                                                                                                    |              |                      | r "0" in co                       | olumn 2          |   | TOTAL                                   |                        | OR | TOTAL                         | 1010                   |  |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                         |                                         |                                                                                                                                                                                                                                                                                                                    |              |                      |                                   |                  |   | SMALL E                                 | ENTITY                 | OR | OTHER<br>SMALL                |                        |  |  |
| <b>AMENDMENT A</b>                                                                    |                                         | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                          |              | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR      | PRESENT<br>EXTRA |   | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                                       | Total                                   | *                                                                                                                                                                                                                                                                                                                  | Minus        | **                   |                                   | =                |   | X\$ 9=                                  |                        | OR | X\$18=                        |                        |  |  |
|                                                                                       | Independent                             | *                                                                                                                                                                                                                                                                                                                  | Minus        | ***                  |                                   | =                |   | X42=                                    |                        | OR | X84=                          |                        |  |  |
| _                                                                                     | FIRST PRESE                             | NTATION OF M                                                                                                                                                                                                                                                                                                       | ULTIPLE DEP  | ENDEN                | IT CLAIM                          |                  | } | +140=                                   |                        | OR | +280=                         |                        |  |  |
|                                                                                       |                                         |                                                                                                                                                                                                                                                                                                                    |              |                      |                                   |                  |   | TOTAL<br>ADDIT. FEE                     |                        | OR | TOTAL<br>ADDIT. FEE           |                        |  |  |
| (Column 1) (Column 2) (Column 3)                                                      |                                         |                                                                                                                                                                                                                                                                                                                    |              |                      |                                   |                  |   |                                         |                        |    |                               |                        |  |  |
| AMENDMENT B                                                                           |                                         | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                          |              | NUI<br>PREV          | HEST<br>MBER<br>YOUSLY<br>D FOR   | PRESENT<br>EXTRA |   | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                                       | Total                                   | *                                                                                                                                                                                                                                                                                                                  | Minus        | **                   |                                   | =                |   | X\$ 9=                                  |                        | OR | X\$18=                        |                        |  |  |
|                                                                                       | Independent                             | *                                                                                                                                                                                                                                                                                                                  | Minus        | ***                  |                                   | =                | ] | X42=                                    |                        | OR | X84=                          |                        |  |  |
| L                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDEN |                                                                                                                                                                                                                                                                                                                    |              |                      | IT CLAIM                          |                  | _ | +140=                                   |                        | OR |                               |                        |  |  |
|                                                                                       |                                         |                                                                                                                                                                                                                                                                                                                    |              |                      |                                   |                  |   | TOTAL<br>ADDIT. FEE                     |                        | OR | TOTAL<br>ADDIT. FEE           |                        |  |  |
|                                                                                       |                                         | (Column 1)                                                                                                                                                                                                                                                                                                         |              | (Colu                | umn 2)                            | (Column 3)       | _ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |    | 1                             |                        |  |  |
| AMENDMENT C                                                                           |                                         | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                          |              | NU<br>PRE\           | GHEST<br>MBER<br>/IOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                                       | Total                                   | *                                                                                                                                                                                                                                                                                                                  | Minus        | **                   |                                   | =                | 1 | X\$ 9=                                  |                        | OR | X\$18=                        |                        |  |  |
|                                                                                       | Independent                             | *                                                                                                                                                                                                                                                                                                                  | Minus        | ***                  |                                   | =                | _ | X42=                                    |                        | OR | X84=                          |                        |  |  |
| L                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDEN |                                                                                                                                                                                                                                                                                                                    |              |                      |                                   |                  | J | +140=                                   |                        | OR |                               |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                         |                                                                                                                                                                                                                                                                                                                    |              |                      |                                   |                  |   |                                         |                        | 4  | TOTA                          | _                      |  |  |
| *                                                                                     | **If the "Highest Ni                    | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |              |                      |                                   |                  |   |                                         |                        |    |                               |                        |  |  |